Dreams and Emotional Adaptation: A Clinical Notebook for Psychotherapists

By Robert Langs
Phoenix, AZ, Zeig, Tucker & Co., 1999, 206 pages, ISBN 1-891944-05-3, $32.95

Reviewed by Milton Kramer, M.D.

Robert Langs, an experienced and extensively published clinician and psychotherapeutic theoretician, offers in *Dreams and Emotional Adaptation* a new method of working with dreams. This method maximizes the value of dreamwork and recognizes that neurological correlates of brain activity in dreaming are interesting but of little clinical relevance. Dr. Langs attempts to describe new ways to gain access to the most powerful meanings of the dream experience in ways that are of practical clinical value to psychotherapists.

The techniques he portrays are based on his new "communicative approach," which focuses on the emotion-processing mind and on adaptation. He believes that the application of basic modes of listening, formulating, and intervening from a microscopic perspective will serve to illuminate the conscious and deep unconscious meanings of environmental inputs and adaptive responses in ways that more general approaches cannot.

The format he chooses for presenting his ideas is a modified workbook with clinical exercises to engage the reader. Important concepts are further amplified in a question-and-answer format.

The fundamental assumption that Dr. Langs makes is that the dream experience, which is anchored in the here and now, is to be understood as an affective, adaptational (solutional) response to an external stimulus (triggering event, day residue). Dreams, it is to be understood, are only about what is important. The dream report contains in its manifest content conscious or close-to-conscious reflections of significant current life events external to therapy and, in the same dream, deep unconscious encoded events that are adaptive (solutional) responses to threatening experiences—which have been triggered by the therapist. These triggers consist of changes by the therapist in the basic agreement between patient and therapist (frame-altering) or confirmations of the agreement (frame-securing).

The exploration of the dream report includes the narrative associations to the report; the dream report in isolation, Langs believes, is useless in establishing meaning. The conscious level of the dream experience reflects the misleading defensive denial reactions of the dreamer, whereas the encoded deep unconscious meaning of the dream, tapped by the use of "trigger decoding," reveals the intelligence, wisdom, and health-promoting capabilities of the adaptational efforts of the deep unconscious. The dream is seen in this system as constructed to conceal rather than to reveal, as a secret communication from the deep unconscious to the conscious.

The central task of interpretation, then, is to establish the "power themes" revealed in the encoded deep unconscious dream complexes and link them to their triggering events to establish the meaning of the communication. This requires, generally, a professional who is skilled in the use of the trigger decoding method. Once the linkage is established between the stimulus and the adaptive response, then the connection to other adult and childhood traumas, to symptoms, to affects, and to resistances can be made.

Dr. Langs concludes the work with a sketch of an approach he calls "dream psychotherapy," in which each session is focused on interpreting the deep unconscious encoded meaning of a dream, linking it to its trigger, and exposing its adaptational solution. The dream properly understood will reveal a valid response to a therapist-stimulated threat.

The focus on understanding the dream as a commentary by the dreamer on a frame-altering change initiated by the therapist may well be a useful reminder for some therapists, but it does not offer a new paradigm. Freud's "Irma Dream" in *The Interpretation of Dreams* is cast in this mode; it is a response to criticism, one that consists at least partially of blaming others.

Assessing the contribution of this work is difficult because the vignettes offered as examples are fictitious. The author can provide whatever confirming evidence he needs; he becomes the judge and the jury, and the testing of other approaches is not possible.

A number of problems arise when the author goes beyond clinical utility and tries to place the dream and his understanding of his method in a naturalistic or biological setting. First, if the dream is a communication, who is communicating with whom and for what purpose? After all, meaning is possible without intentionality. Second, is the dream

only a dream if it is recalled and told with narrative associations, as Dr. Langs suggests? The sense of a "world" within dream experience would not be accounted for if this were the case. Third, is memory a process of recall or one of reconstruction? In the system proposed here, the literal nature of the trigger stimulus and its possible occurrence at some past time are both accepted. Yet in studies of memory, reconstruction seems to be more often the case than direct recall. Finally, the evolutionary history of dreaming that is offered to explain the two-level emotional processing by the mind (i.e., a conscious and an encoded deep unconscious) does not seem warranted given the data we have.

It is valuable to be reminded that the inner life can and does provide a metaphorical (analogical) commentary on life experiences that is both interesting and useful to understand. Dr. Langs' *Dreams and Emotional Adaptation* does this for the reader in a direct but perhaps excessively contentious manner.

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Psychotherapy of Borderline Personality

By John F. Clarkin, Frank E. Yeomans, and Otto F. Kernberg
New York, John Wiley & Sons, 1999, 390 pages, ISBN 0-471-17042-9, $45.00

Reviewed by Deborah Spitz, M.D.

The preface to this volume begins: "This treatment book should be memorized, and then forgotten." It is a just epigram, for that is precisely the role of theory: understood, in the background, accessible at the service of clinical experience. The therapist is always urged to look first to the experience of therapy, what the patient is feeling, what the therapist is feeling, what the patient is saying and not saying, doing or not doing. This is a book rich with guidance and insights for psychotherapists at many levels, from highly experienced clinicians to beginners. For readers who have struggled to read and understand Kernberg's powerful work over the years, this book is the clearest statement yet of his ideas as they apply to the actual performance of psychotherapy.

The aim of this book is to provide a manual of transference-focused psychotherapy (TFP) for patients with borderline personality organization. To this end, the first section reviews relevant object relations theory and delineates the goals, strategies, tactics, and techniques of treatment.

The overriding goal of TFP is to change the characteristics of the patient's internalized object relations that lead to repetitive maladaptive behaviors and chronic affective and cognitive disturbances. Such change involves the resolution of fixed primitive internalized object relations and the integration of split-off conceptions of self and significant others into integrated, more mature, and more flexible constructs.

The authors approach these TFP goals with three treatment strategies: 1) the delineation of the patient's dominant object-relationship paradigms as experienced in the transference relationship between therapist and patient; 2) the analysis of role reversals by the patient—for example, unconsciously alternating between powerless victim and sadistic victimizer states; and 3) the integration of the positive and negative views of self and significant others. These strategies are reflected in the tactics of each session (choosing a priority theme in the session, protecting the frame of treatment, setting limits) and in the techniques of treatment—clarification, confrontation, and interpretation in the here-and-now transference interaction between therapist and patient. The first four chapters stand on their own as a statement of theory and its translation into practice, replete with examples of clinical dilemmas and of how a seasoned therapist might actually put a complex and emotionally loaded idea into words.

The volume's second section, "Phases of Treatment," offers guidance in assessing antisocial, narcissistic, and histrionic levels of borderline psychopathology and addresses treatment contracts in detail. It then provides an overview of treatment: the early stage, with its focus on impulse containment; midphase treatment, with its unfolding and deepening understanding and emergence of issues of love and sexuality as antisocial and paranoid transferences move toward tolerance of loss and sadness; and advanced treatment and termination. Many case examples illustrate clinical pitfalls and their resolutions, such as the hazards of neglecting to address hidden paranoid transferences at midphase, when much seems calm.

The volume ends with two chapters addressing crisis management and a brief and somewhat controversial discussion of a controversial topic, the role of medication in the treatment of borderline psychopa-

thology within a psychodynamic psychotherapy.

This is a book by and for clinicians, and it serves many levels well. I have used it in teaching psychodynamic psychotherapy to residents; they respond eagerly to its clarity, its overall sense of priorities and structures, and its step-by-step exposition of what therapists actually do and why. How do you identify what is most important to talk about with a borderline patient living and thinking in chaos? How do you actually formulate a statement that confronts in a way that the patient can hear? This book abounds with examples. Expert clinicians will recognize their own clinical challenges in the examples and discussions of psychotherapeutic maneuvers. The clarity and elegance of the descriptions, informed by high sensitivity to the verbal and nonverbal productions of patients and a structural model that allows for movement and flexibility, will help even seasoned psychotherapists to refine their practice.

In the rich examples and the discussions of them, many readers will be struck by the length and insistence of therapist interventions. While I wondered at times how attentive and emotionally connected a patient could be when receiving such lengthy interpretations, I always felt the therapist's tenacious commitment to the treatment in these comments. The TFP therapist is extraordinarily active compared with those using more traditional techniques, and I find the authors persuasive in their arguments for this level of activity, as well as their alarm at the risks of passivity or, worse, inattention.

Another area that will surely provoke reflection is the authors' posture with regard to suicidal threats and self-destructive or suicidal behavior. In treating patients who have already experienced many years or episodes of supportive psychotherapy with little sustained benefit, the authors have come to a clear sense of what they can and cannot do and what will be of ultimate help to the patient. Their discussion of this important topic is thoughtful and sensitive, and their recommendations, although difficult to carry out, raise deep questions about physicianly behavior and the capacity for responsibility that we assume our patients—and ourselves—to have.

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Being of Two Minds: The Vertical Split in Psychoanalysis and Psychotherapy

By Arnold Goldberg
Hillsdale, NJ, The Analytic Press, 1999, 200 pages, ISBN 0-881-63308-9, $34.50

Reviewed by Sigmund Karterud, M.D., Ph.D.

Reviewing Arnold Goldberg's new book *Being of Two Minds* has not been easy. It has provoked the academic part of me and challenged the clinical part. The book deals with disavowal and elaborates on the theme of vertical split, as first formulated by Kohut in *The Analysis of the Self* (1971). The academic part would have liked more precise definitions of the concepts of disavowal and vertical split, as opposed to other defense mechanisms, and references to the research literature. In particular, my academic part was not in agreement with Goldberg's use of the term *dissociation*. I also found Kohut's distinction, which Goldberg perpetuates, between narcissistic personality disorders and narcissistic behavior disorders a bit outdated in the light of modern knowledge of personality disorders.

However, my clinical part was increasingly engaged and challenged during the reading of Goldberg's book—so much so that it influenced my clinical practice. One episode was the following: a man (age 38) with an avoidant personality disorder had recently reported in an analytic group a dream where he invited me to his home, but when his father turned up my patient became embarrassed by my presence and tried to hide me behind his back. In this group meeting, several group members had pointed out his massive self-devaluation and avoidance of pride for his achievements. He started to talk in a monotonous and intellectualizing manner about his father. A real event this same morning was a picture of and an interview with me in the most influential Norwegian newspaper. Some side conversations at the beginning of the session signaled that the group members had read it. In a slight pause in the monologue about the father, I asked: "What do you think about the newspaper interview with me this morning?" When I said this, Goldberg's writings on boundary incidents were in my mind. I also noted a slight anxiety in myself. With this in mind, I was able to address a variety of transferences, ranging from identification and pride to feelings of loss and anger. Toward the end, the above-mentioned patient movingly

exposed new aspects of his idealization of me, which symbolically meant a lesser need to hide me behind his back.

I am grateful to Goldberg for inspiration from his description of the vertical split, which led to my better appreciation of the following comments in another group: Mr. E. tells about childhood memories and says: "It's a strange feeling. It's like seeing a series of paintings being lined up on the floor against the wall." Miss L.: "The first time in the group when I talked about my mother's alcoholism, I was observing myself talking. Was this me talking this way?" Miss B.: "When you [the therapist] talk to me this way about my youth, I acknowledge in some sense the truth in what you are saying, yet still I think, Is this me? It is as if aspects of me and my past are unreal and have to be mirrored by others before I can own them myself." And Miss C. about a new sense of integration: "I visited my childhood home this weekend. A strange experience. It was as if it previously had been in black and white, in a shadow. Now all the things were filled with colors, substance, smells, and condensed with memories. The picture of my father was there. I've seen it a thousand times. Yet it was like I never had really seen it before, until now."

Goldberg's text deals extensively with the type of vertical split that involves shameful (and disavowed) misbehavior. While reading this book I realized that it was as much about moral courage as it was about defense mechanisms. Or better, it addressed the difficult meeting point of repetition compulsion, freedom of choice, and moral responsibility. Goldberg beautifully describes how split-off parts of the self develop as spaces for acting out within the family matrix, where such acting out is silently (unconsciously) accepted while at the same time condemned. When a person enters the patient role, the same scenario will be created in the transference. There is an unconscious expectation that the therapist will condemn split-off parts (e.g., misbehavior) yet at the same time engage in a silent conspiracy of not taking them seriously enough to talk about. This splitting comes into treatment through stories containing extremely shameful incidents or in ones describing boundary incidents.

The most challenging aspect of Goldberg's book is his descriptions and explanations of countertransference reactions. Vertical splits challenge our ethics and morality. How committed are we as therapists to the long-term goals of psychoanalytic psychotherapy? Is the ideal of an integrated, morally responsible person and citizen outdated in this postmodern age? Isn't it possible to live well with a moderate amount of infidelity and tax cheating and occasional pot smoking? That may be, but the problem is whether a moral laxity in the therapist corrupts the moral means whereby the ethical aims of analysis are achieved. According to Goldberg, a high level of personal integration and moral courage from the therapist is necessary for the treatment of vertical splits. Unless one knows the thief, the liar, the pervert, the grandiose Nobel prize winner inside oneself as therapist, the chances are high for unconscious collusions that serve to keep split-off parts out of the dialogue. The price is high also. The transformation of repetition compulsion and the restoration of freedom of choice take place through the transference and the dialogue, but unconscious guilt and shame in the therapist surrounding the same impulses as those present in the patient may seriously disturb the quality of the dialogue and counteract integration.

My first clinical illustration at the beginning of this review may not seem relevant to the topic of vertical split. Yet it is. Perhaps nowhere is collusion so pervasive as when aspects of the grandiose self are involved. Grandiosity is shameful for therapists and patients alike. In order to help one's patients, one needs courage to enter this difficult terrain where troubled parts of oneself still remain. Goldberg's book is a very good companion.

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